

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

(Write the full name of each plaintiff who is filing this complaint.
If the names of all the plaintiffs cannot fit in the space above,
please write "see attached" in the space and attach an additional
page with the full list of names.)

Case:2:21-cv-11935
Judge: Berg, Terrence G.
MJ: Patti, Anthony P.
Filed: 08-19-2021 At 04:17 PM
CMP WEBSTER V. HEAD ET AL (DA)

Jury Trial: Yes No
(check one)

v.

(Write the full name of each defendant who is being sued. If the
names of all the defendants cannot fit in the space above, please
write "see attached" in the space and attach an additional page
with the full list of names.)

Complaint for a Civil Case

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address

JOSEPH WORSTER
13139 Chandler Park Drive
Detroit, ~~MI~~ 48213 WAYNE
Michigan 48213
NONE
NONE

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
 Job or Title
 (if known)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address
 (if known)

DR. JOHN HEAD
PSYCHIATRIST
6309 MACK AVENUE
DETROIT - WAYNE
MICHIGAN 48207
(OFFICE) 313-618-3502
?

Defendant No. 2

Name
 Job or Title
 (if known)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address
 (if known)

MICHAEL C. EAGEN
PAROLE BOARD MEMBER
Steven T. Mason Bldg - P.O. Box 30003
LANSING - ?
MICHIGAN - 48909
?
?

— Otto Barley readable
 — in Section II Below:
 Please sign in Eagan
 From sentencing 3-10
 and 3-5 of Exhibit #1.

MIED ProSe 1 (Rev 5/16) Complaint for a Civil Case

Defendant No. 3

Name
Job or Title
(if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address
(if known)

HEIDI E. WASHINGTON
DIRECTOR - MICH DEPT OF CORRECTIONS

Tevon T. Mason Blg - P.O. Box 30003
Lansing - ?
Michigan - 48909
?
?

Defendant No. 4

Name
Job or Title
(if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address
(if known)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

Federal question Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

① Defendant Dr. John Head, Suit Code 362, Constitutional
Tort, Personal Injury - medical malpractice
② Defendant Michael C. Eagen, organization ?
③ Defendant Heidi S. Washington, Code 895 - F.O.I.D.A.

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) _____, is a citizen of the State of (name) _____.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) _____, is a citizen of the State of (name) _____. Or is a citizen of (foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (*explain*):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

See attached Kest 5 pages.

III Statement of Claim

① During the two separate Parole

Periods - 7/3/18 thru 5/23/19, and 8/18/20
thru the present Date 8/8/21 - Defendant Dr.
John Head has been assigned through
Michigan Parole Authorities to oversee my
Psychiatric Needs. Special Parole Condition 3.0
Authored By Parole Board member Michael C.
Eagon makes it mandatory that I submit
to any medication Prescribed By a Licensed
Physician . Throughout the entire two parole
Periods given above, Dr. Head has Ordered that
I submit to an injection of 200 mg of a
Powerful Anti - psychotic Called Haldol
every two weeks. As will Be seen When
Companion Cases are joined to this claim,
While Confined to a Prison setting an
Administrative Hearing , called a Panel Hearing,
was available for Challenging medication Orders.
But even in this free social environment
provided By Parole Considerations, Dr. Head
Has not even allowed simple Communications
of Objections to forced injections, and he has
further ordered the injections without ever
having made a written ~~psychiatric~~ ^{secret} evaluation ;
unless he is relying on ~~a~~ Evaluation which he
has refused to allow me to participate in or
have an opportunity to critique.

② The following six symptoms are
examples of Haldol Poisoning : ① Pain & Discomfort
(1)

(2) inability to sit still, constant Rocking while in a seated Position, (3) Loss of Basic Thinking Skills, (4) Loss of memory, (5) Fatigue, and (6) embarrassing tremors.

(3) In all my years of Being associated with forced medications, I have never been able to learn from a practicing Psychiatrist how his interests are served By using a Drug like Haldol, in justification of compelling ~~the~~ the side effects given immediately above. We do know that the standard a psychiatrist is suppose to overcome When petitioning forceful medication techniques, is that he must prove the existence of a Behavioral Disorder that has a recurring theme of Violence, and it is the element of Violence that ~~must~~ threatens the Order and security of a Prison Facility. My Prisoner file reflects no such supporting records, and it is only Decaying ~~oversight~~ Oversight that has allowed Psychiatrists to reach Beyond statutory limits to use even minuscule Behavioral Problems as an excuse to assign ~~treats~~ ^{Force} to a prison environment and, consequently, ~~force~~ ^{Force} injections.

(4) The considerations Being made By Defendant Eagon and Defendant Dr. Head aren't taking place in a prison setting, they involve the much freer environment of Parole. The United States Supreme Court has Observed that Parole involves a consideration
(2)

of Elevated Trust. Also, Parole Papers issued by Defendant Michael C. Eager stated that — Reasonable Assurance exists that the Prisoner will not become a menace to society or to the Public safety ... How then do Defendant Eager and Defendant Dr. Head go from those sort of considerations to the opposite extreme where they are virtually saying — But you still represent such a recurring threat of Violence to the public that we need to force a powerful Anti-psychotic down your throat before we can turn you loose on Society ; and you have to remember that it is the PATTERN OF VIOLENCE that is being medicated whether you doing it in Prison or in the Public Parole setting, i.e., you can't say that when you are ~~suspecting~~ Fainting medication even on the parolee that its not in response to a very specific theme of Violence because if it isn't the Pattern of Violence that's being targeted, No other set of facts exists that allows the State Psychiatrist to assume responsibility to medicate that doesn't violate the ~~the~~ U.S. Constitution . All other pretenses for medication by the psychiatrist are ~~unwelcome~~ unwelcome intrusions. They no longer have an interest to protect.

(5) It is requested through Suit Code 895 that the Honorable Court take over Responsibility for the attached F.O.I.A. Request for Records from my prison files (1) All psych evaluations, (2) All panel hearing records, and (3) all medication Orders, and that when doing so the Defendant Order —

Director Heidi E. Washington to fully disclose and identify all legible Signatures so that I'm not denied Access to Courts.

Respectfully submitted,
Joseph Webster
JOSEPH WEBSTER

III Statement
of claim to
P.O. 5

Joseph Webster
13139 Chandler Park Drive
Detroit, MI 48213

Ms. Heidi E. Washington
Director - Mich Dep't of Corrections
Steven T. Mason Bldg.
P.O. Box 30003
Lansing, MI 48909

Re: F.O.I.A. Request.

Dear Director Washington

- (1) Please provide me with all copies of all psychological & psychiatric evaluations.
- (2) Please provide me with all copies of all Panel Hearing Results.
- (3) Please provide me with all copies of all Orders for psychiatric medications and injections.

Sincerely,
Joseph Webster

Request immediate Relief on Item 2 of Exhibit A
Please Enjoin Eager from enjoining 3.0 & 3.5 of Exhibit A

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

- ① Defendant Dr. John Head is clearly as stated in the Statement of Claim still carrying out the ~~the~~ Alleged Wrongs Requesting (\$400,000) On 3 years of ~~the~~ Actual Damages and ~~the~~ in Punitive Damages (\$1,300,000)
- ② It is requested that the Hon. Court provide injunctive relief and Order Defendant Michael C. Eager to cease to condition the remainder of Plaintiff's Parole on special Parole condition 300 which make mandatory medication when Ordered By M.D. - Please restrain.
- ③ Compel Defendant Washington to provide clear and legible ~~copy~~ records requested in relevant attachment. F.O.I.D.A. Suit code ~~the~~ 895 in Order to protect my Due process & Access to Courts Rights.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: August 8, 2021

Signature of Plaintiff

Joseph Webster

Printed Name of Plaintiff

JOSEPH WEBSTER

Exhibit 7

MICHIGAN DEPARTMENT OF CORRECTIONS
NOTICE OF ACTION/MICHIGAN PAROLE BOARD

 PP-182
 CAX-114
 Rev.02/2011
 4835-1114

NUMBER	NAME	LOCATION	CONSIDERATION DATE		
C-143704	WEBSTER, JOSEPH	MTU A-103B	7/20/2020		
ACTION	REASON CODE	TERM (MOS)	NEXT ACTION DATE	INSTRUCTION	OFFICIAL DATE
Parole or Parole Reinstatement	61	24 M	7/21/2020	Non Fixed Date	

Actual release is subject to investigation and approval of the placement plan. Institutional misconduct could result in loss of parole.

ACTION DESCRIPTION: REGULAR PAROLE

SPECIAL CONDITIONS:

- 2.0 You must not use or possess alcoholic beverages or other intoxicants. You must not enter bars or other places where the primary purpose is to serve alcoholic beverages for drinking on site, unless the field agent has first given you written permission for your employment at a specific location.
- 2.1 You must complete outpatient or residential substance abuse treatment or Reentry program when you are referred by the field agent.
- 3.0 You must take medication as prescribed by a licensed physician.
- 3.2 You must complete a psychological evaluation when you are referred by the field agent.
- 3.3 You must complete mental health, domestic violence/batterer intervention, or other recommended treatment following assessment by a qualified community-based service provider.
- 3.4 You must complete the CMH AFTERCARE program.
- 3.5 You must waive confidentiality and allow any treatment program that you are required to attend to disclose information to the field agent.
- 4.16 You must obey all court orders.
- 4.2 Written consent to search the parolee's person and/or property, MCL 791.236(19): I voluntarily consent to a search of my person and property upon demand by a peace officer or parole officer. If I do not sign this written consent, I understand that my parole may be rescinded or revoked.
- 4.3 You must reside in/at CMH AFTERCARE PLACEMENT upon your release to parole.
- 4.4 You must be in your approved residence between the hours of 11:00 p.m. and 6:00 a.m. unless excused by first obtaining written permission from the field agent.
- 7.1 You must pay the cost of your treatment program according to your ability as determined by the treatment program.
- 7.5 You must pay \$120 state cost as ordered by the sentencing court on the Judgment of Sentence. The state cost is payable when the parole order is entered, but may be paid in monthly installments to be determined by the field agent.
- 77.9 Pursuant to MCL 791.225a, as amended by Public Act 164 of 2019, you must pay a supervision fee of \$30 per month for each month of regular supervision or \$60 per month for each month of electronic monitoring supervision. You will not be required to pay a supervision fee to Michigan when you are being supervised in another state under the provisions of the Interstate Probation and Parole Compact, pursuant to MCL 793.103.

ENTERED BY: ADD _____

BY: 6 Michael C. Eagen

FIELD OPERATIONS COMMENTS			
PLACEMENT			
LOCATION	ASSIGNED TO	DATE	REPORT DUE

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff WAYNE
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

County of Residence of First Listed Defendant
WAYNE

N

Case: 2:21-cv-11935

A

Judge: Berg, Terrence G.

MJ: Patti, Anthony P.

Filed: 08-19-2021 At 04:17 PM

CMP WEBSTER V. HEAD ET AL (DA)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

<input type="checkbox"/> 1 U.S. Government Plaintiff	<input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)
<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP

(For Diversity Cases Only)

	PTF	DEF	and One Box for Defendant
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability	PROPERTY RIGHTS	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 820 Copyrights	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 830 Patent	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 835 Patent - Abbreviated New Drug Application	<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 380 Other Personal Property Damage	SOCIAL SECURITY	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 480 Consumer Credit
<input type="checkbox"/> 190 Other Contract			<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 485 Telephone Consumer Protection Act
<input type="checkbox"/> 195 Contract Product Liability			<input type="checkbox"/> 863 DIWC/DIWW (405(g))	<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 196 Franchise			<input type="checkbox"/> 864 SSID Title XVI	<input type="checkbox"/> 850 Securities/Commodities/ Exchange
			<input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 890 Other Statutory Actions
				<input type="checkbox"/> 891 Agricultural Acts
				<input type="checkbox"/> 893 Environmental Matters
				<input type="checkbox"/> 895 Freedom of Information Act
				<input type="checkbox"/> 896 Arbitration
				<input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision
				<input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	FEDERAL TAX SUITS	
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 440 Other Civil Rights	Habeas Corpus:	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)	
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 463 Alien Detainee	<input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 510 Motions to Vacate Sentence		
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 530 General		
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	<input type="checkbox"/> 535 Death Penalty		
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 446 Amer. w/Disabilities - Other	Other:		
	<input type="checkbox"/> 448 Education	<input type="checkbox"/> 540 Mandamus & Other		
		<input type="checkbox"/> 550 Civil Rights		
		<input type="checkbox"/> 555 Prison Condition		
		<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement		
V. ORIGIN (Place an "X" in One Box Only)				
<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from Another District (specify)
				<input type="checkbox"/> 6 Multidistrict Litigation - Transfer
				<input type="checkbox"/> 8 Multidistrict Litigation - Direct File
Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):				
Brief description of cause: <u>Constitutional Tort - medical malpractice</u>				
VI. CAUSE OF ACTION				
VII. REQUESTED IN COMPLAINT:		<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.	DEMAND \$ <u>\$1,700,000</u>	CHECK YES only if demanded in complaint: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VIII. RELATED CASE(S) IF ANY		(See instructions): JUDGE DOCKET NUMBER		
DATE <u>8/11/21</u>		SIGNATURE OF ATTORNEY OF RECORD		
FOR OFFICE USE ONLY				
RECEIPT #		AMOUNT	APPLYING IFFP	JUDGE
				MAG. JUDGE

PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

Yes

No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

Yes

No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

Notes :



Joseph Webster
13137 Chamberlain Park Drive
Detroit, MI 48213

RECEIVED
R 22 AUG 2021

CLERK'S OFFICE
DETROIT

Mr. David J. Wagner
Office of the United States
Postmaster General
Eastern District of Michigan
Southgate
131 West Jefferson Boulevard
Detroit, MI 48221